VS A15 (4) 1SM 9/SB

	MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
	13795	CERTIFICATE OF DEATH	R
OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institu	

CERTIFICATE OF DEATH

13766 Reg. Dist. No.

1. PLACE OF o. COUNT			MARYLAND	2. USUAL RESIDE o. STATE Maryla	NCE (Where dece	ased lived. If institut b. COUNT	Y	war		ian)
RURAL E.1	R TOWN (If outside corporate line and give nearest town) Licott City		c. LENGTH OF STAY IN 1b		WN (If outside co	erparate limits, write	RURAL and	give ne	arest town)
OR INS	OF HOSPITAL (If not in hospital, STITUTION Trederick Road	give street	oddress)	d. STREET ADD	Frederi	ck Road				IDENCE FARM? NO X
3. NAME OF DECEASED (Type or p		irst	Middle REID BOSSOM	Last	4. DAT OF DEA		. 11 . 1	959	,	Year 19
S. SEX	6. COLOR OR RACE	7. MARI WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 7-23-188	6	9. AGE (In years last birthday) 73 yrs	Months		Hours	R 24 HRS Min.
10a. USUAL 6		d)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLAC	E (State or foreign	•	12. CIT	IZEN OI	WHATC	OUNTRY
	Unknown			Unkne	OWD.					
15. WAS DEC	EASED EVER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	NFORMANT		Ad	dress ,	-		
Yes, no, or unk	nown) [If yes, give war or dates of		220- 21 -2999 H	ilda West I	Possom F	llicott Ci	+4- 16-			
gave cause (lying c	rise to immediate DUE To ouse last.	b) O c)	V	0						
CATIC		Mit		I NOT RELATED TO T	HETERMINAL DIS	EASE CONDITION G	IVEN IN PAR	(T I(o) I	PERFO	RMED?
	CIDENT WAS UNDERLYING [] ITRIBUTING [] CAUSE OF DEATH IR, NOTIFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of i	njury in Port I ar	Part II of item 18.)				
	E OF INJURY Manth, Day, Your a. m. 19	While	f.	ACE OF INJURY (Ho ctary, street, office b	ome, form, 20f. (City or town)	(Caunty)		(State
21. I c	ertify that I attended the	e deceas	sed from 4-8	19 58	ta /2-	11 195	Sthat I lo	ast sav	v the d	ecease
alive o	n 12-7	19	57, and that death	accurred at	A.M. fro	ım the causes a	nd an the	e date	stated	abave
ACTUAL	URE Thomas	2:	Herbert	11:	ADDRES	(Street city or lawn	n, state)		12 ·	E SIGNE
PHYSICI, NAME (1	AN'S Thomas I	г. Не	erbert, M. D	. 90	the last task for the last on the contract of the	Cily, M				
220. BURIAL, REMOVA	CREMATION, 22b. DATE THERE (Specify)	OF	22c. NAME OF CEMETERY C		1	CATION (Eity, lown,		d	(State	e)
23. FUNERAL	DIRECTOR'S SIGNATURE		ADDRESS		40. REC'D BY RE		SISTRAR'S SI		RE	
12 C.	mbginbothom .Fll:	icott	City_Md	1.	DEC 1	4 '59	Orthun	9 4.		

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Ulbert Marriage 444 (1)

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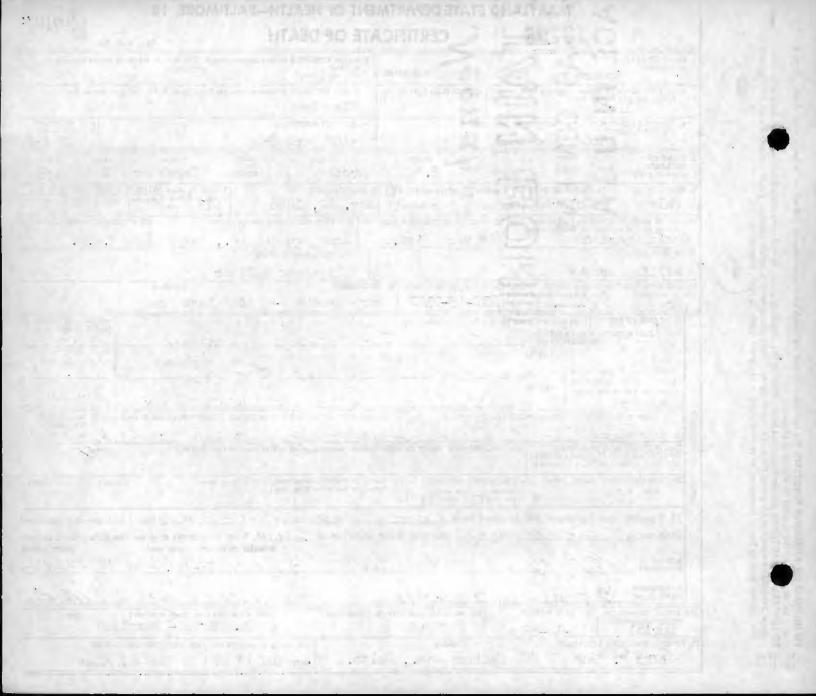
13796 CERTIFICATE OF DEATH

13767

			W.e.	g. Dist. 140.			
1. PLACE OF DEATH o. COUNTY Howard	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Maryland	deceased lived. If institution: R b. COUNTY HOWE	esidence before admission)			
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lawn) Elkridge	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) X Elkridge					
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 5408 Race Road	address)	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM YES NO					
3. NAME OF First DECEASED (Type or print) Herman	$ m _{e}^{Middle}$	Brooks 4	DATE Month OF DEATH December	er 8 1959			
5. SEX 6. COLOR OR RACE 7. MARI Colored WIDOW		Nov. 22, 1886		INDER I YEAR IF UNDER 24 HRS. In this Doys Hours Min.			
	kind of Business OR INDUS		foreign country) 1 Co., Maryland	U. S. A.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE				
William Brooks		Elizabeth 6					
(Var. on or unbarred) . (If was more or shots of semical)		ary Brooks -	5408 Race Road	1			
OR CONTRIBUTING (I CAUSE OF DEATH)	CRIBE HOW INJURY OCCURRED	of Lyn	t i or Port II of item 18.)	INTERVAL BETWEEN ONSET AND DEATH BY ONSET AND DEATH ON PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO D			
7 20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 While at wor	Not white Foc	fory, street, affice bldg., etc.)	zur. (City or fown)	(County) (State)			
21. I certify that I attended the decease alive on 19. ACTUAL SIGNATURE 19. PHYSICIAN'S NAME (Type) 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	and that death	A.D. 56	M, fram the causes and DRESS (Street, city or town, stote	27711d.			
BUREAT 12-10-59	Harmons - ADDRESS	24o. REC'D B	St. Marks - Me				

e funeral director, ofter death: Page 4 may be retained by the haspital at attending physician.

D FUNERAL CTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remaye_carban papers. Pages 1 and 2 the registrar priar to burial, crematian, at remayal, and in any event within 72 haves after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs may be reta VS A15 (4) 15M 10/57



XX

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1379 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13768 Reg. Dist. No.

a. COUNTY				11		,			ence before	
	Haward Co	mater	MARY	LAND	o. STATE Md.		b. COU		ward	
b. CITY OR TOWN and give necres to	(If outside corporate limits, wr	Ne RURAL	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN	l (If outside corp	porote limits, wri	te RURAL on	d give neare	si lown)
	ott City			1 7	Elie	ett.				
d. NAME OF HOSP	ITAL OR INSTITUTION	(If not in hosp	pital, give street oddres	13)	d. STREET ADDRES	s t	/1	0	0.	IS RESIDENCE ON A FARM?
				. 1	497	nan	2 1	-	Y	S NO
3. NAME OF DECEASED	F	int	Middle		Last	4. DATE	Mo	nth	Doy	Year
(Type or print)	James		Harry		ORONES	DEATH	Decer	nham	26	19 59
5. SEX		7. MARRIE	D NEVER MARRIED		TE OF BIRTH		9. AGE (In years		-	JNDER 24 HRS.
M	3/14	WIDOWED	DIVORCED				losi birthday)	Months .	Doff Ho	urs Min.
100. USUAL OCCUPAT	ION (Give kind of work	done 10b. K	IND OF BUSINESS OR	INDUSTRY	1), BIRTHPLACE (SI	ote or foreign o	NIVA		ZEN OF W	HAT COUNTRY
during most of work	king life, even if retired)	R	eslauro	211/	G570 A	ra		TT	S.A.	
13. FATHER'S NAME	1		C is the state of the		MOTHER'S MAIDE	N NAME		- 1 0	0 1211	
	74/11/2	V			Yen	8				
15. WAS DECEASED E			SOCIAL SECURITY NO.	17. INFOI	MANT	1	Addre	16.5		
(Yas, en, or unknown)	(If yes, give war or dates a	if service)		Con	and Der	7 100	2281	Congr	me	(2)
18 CAUSE OF DE	ATH [Enter only one co	use per line f	for (a) (b) and (c)]	1 6717	The del	100		Col	INTERVAL	SETWEEN
	ATH WAS CAUSED BY:					1/			ONSET AN	D DEATH
	IMMEDIATE CAUSE (Hen	opericardr	Tal Marie				-		
1451X	DUE TO									
7-7					,					
Conditions, if	any, which)		secting an	enrys	of ther	acte ao	rts			
Conditions, if gave rise to imm (o), stoting the	any, which	,Dis	secting an	entys	of ther	acie ao	rta			
Conditions, if gave rise to imm (o), stoting the couse lost.	any, which dedicte couse DUE TO	Dis								
Conditions, if gave rise to imm (o), stoting the couse tost.	any, which bediete cause underlying DUE TO	Dis						IVEN IN PAR	T 1(o) 19. V	AS AUTOPSY
Conditions, if gave rise to imm (o), stoting the couse lost.	any, which lediote couse underlying DUE TO	Dis	MTRIBUTING TO DEATI	H BUT NOT I	RELATED TO THE TE	RMINALDISEAS	E CONDITION C	IVEN IN PAR	T 1(o) 19. V	VAS AUTOPSY RFORMED?
Conditions, if gave rise to imm (o), stoting the couse tost. PART II. O PART II. O PRIMARY or C CAUSE OF DEATH	any, which lediote could underlying DUE TO CONTRACT CONTRACTIONS OF THE CONTRACTIONS O	Dis		H BUT NOT I	RELATED TO THE TE	RMINALDISEAS	E CONDITION C	SIYEN IN PAR	T 1(0) 19. V	RFORMED?
Conditions, if gave rise to imm (o), stoting the couse tost. PART II. O PART II. O PRIMARY or C CAUSE OF DEATH	any, which lediote couse underlying DUE TO the SIGNIFICANT CONTRIBUTING D	nDITIONS CO	MIRIBUTING TO DEATH HOW INJURY OCCUR	H BUT NOT I	RELATED TO THE TE	RMINAL DISEAS Port 1 or Port II	E CONDITION C		T 1(0) 19. VES	RFORMED?
Conditions, if gave rise to imm (o), stoting the couse tost. PART II. O PART II. O CAUSE OF DEATH	any, which dedicte couse underlying DUE TO (c) THER SIGNIFICANT CONTRIBUTING CONTR	DISCONDITIONS CO	E HOW INJURY OCCUR	H BUT NOT I	RELATED TO THE TE	RMINAL DISEAS Port 1 or Port II	E CONDITION C		YES	RFORMED?
Conditions, if gave rise to imm (o), storing the couse lost. PART II. O PART II. O 20a. EXTERNAL C. CAUSE OF DEATH 20c. TIME OF INJ Hour o, m p. m	any, which ediote couse underlying DUE TO (c) THER SIGNIFICANT CON AUSE WAS ONTRIBUTING [] URY Month, Day, Yes	P) Dis	NOTRIBUTING TO DEATH HOW INJURY OCCUR NJURY OCCURRED The Not while of work	H BUT NOT I	RELATED TO THE TE	Port I or Port II	of item 18.)	(Con	YES VES	RFORMED? NO (Stote)
Conditions, if gave rise to imm (o), stoting the couse lost. PART II. O 20a. EXTERNAL C PRIMARY or CC CAUSE OF DEATH 20c. TIME OF INJ Hour o. m p. m 21. I certify	any, which lediote couse underlying DUE TO THER SIGNIFICANT CONTRIBUTING DISCONTRIBUTING DISCO	nDitions CO NDITIONS CO 10b. DESCRIBE 10d. H While 10 wor 10 af the r	HOW INJURY OCCUR NJURY OCCURRED R Of while of work emains described	H BUT NOT I	nature of injury in F INJURY (Home, fired), office bldg., held an Auta	Port I or Port II	of item 18.) or form)	(Co	YES VES	RFORMED? NO (Stote)
Conditions, if gave rise to imm (o), stoting the couse lost. PART II. O 20a. EXTERNAL C PRIMARY or CC CAUSE OF DEATH 20c. TIME OF INJ Hour o. m p. m 21. I certify	any, which ediote couse underlying DUE TO (c) THER SIGNIFICANT CON AUSE WAS ONTRIBUTING [] URY Month, Day, Yes	nDitions CO NDITIONS CO 10b. DESCRIBE 10d. H While 10 wor 10 af the r	HOW INJURY OCCUR NJURY OCCURRED R Of while of work emains described	H BUT NOT I	nature of injury in F INJURY (Home, fired), office bldg., held an Auta	Port I or Port II	of item 18.)	(Co	YES VES	RFORMED? NO (Stote)
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Conditions, if gave rise to imm (o), stoting the couse lost. PART II. O 20a. EXTERNAL C PRIMARY or C CAUSE OF DEATH 20c. TIME OF INJ Hour o. m p. m 21. I certify death resulte	any, which lediote couse underlying DUE TO THER SIGNIFICANT CONTRIBUTING DISCONTRIBUTING DISCO	nDitions CO NDITIONS CO 10b. DESCRIBE 10d. H While 10 wor 10 af the r	HOW INJURY OCCUR NJURY OCCURRED R Of while of work emains described	H BUT NOT I	related to the te	Port I or Port II orm. 20f. (City etc.) Ide, II LEXAMINER	of item 18.) of or town) aspection and other mined	(Co	vnty)	(Stote)
Conditions, if gave rise to imm (o), storing the couse lost. PART II. O PART II. O PART II. O CAUSE OF DEATH 20c. TIME OF INJ Hour o. m p. m 21. I certify death resulte	any, which ediote couse underlying DUE TO (a) THER SIGNIFICANT CON AUSE WAS ONTRIBUTING DI URY Month, Day, Ye (c) 19 that I took charged fram: Natural	nDitions CO NDITIONS CO 10b. DESCRIBE 10d. H While 10 wor 10 af the r	NITRIBUTING TO DEATH HOW INJURY OCCURRED NIURY OCCURRED ork of work emains described mains described Accident ,	H BUT NOT I	related to the te	Port I or Port II orm. 20f. (City etc.) psy , It ide, Ui L EXAMINER DICAL EXAMINE	of item 18.) or town) nspection [ndetermined	(Co	vonty)	(Stote)
Conditions, if gave rise to imm (o), storing the couse lost. PART II. O 200. EXTERNAL C. CAUSE OF DEATH 20c. TIME OF INJ Hour o. m p. m 21. I certify death resulte ACTUAL SIGNATURE EXAMINER'S NAME (Type) 220. BURIAL, CREMAT	any, which ediote couse underlying DUE TO (6) THER SIGNIFICANT CON AUSE WAS ONTRIBUTING DIE 19 That I took charged fram: Natural of Fram: Natural ION, 122b. DATE THERE	noitions co	NOTRIBUTING TO DEATH HOW INJURY OCCURRED The of work continues of	H BUT NOT I	related to the te	Port I or Port II form. 20f. (City etc.) psy , Ii ide , Ui L EXAMINER DICAL EXAMINER [of item 18.) or town) nspection [ndetermined	(Coo	vnty) y	(Stote)
Conditions, if gave rise to imm (o), storing the couse tost. PART II. O PART II. O 20a. EXTERNAL C CAUSE OF DEATH 20c. TIME OF INJ Hour o. m p. m 21. I certify death resulte ACTUAL SIGNATURE EXAMINER'S NAME (Type)	any, which ediote couse underlying DUE TO (6) THER SIGNIFICANT CON AUSE WAS ONTRIBUTING DIE 19 That I took charged fram: Natural of Fram: Natural ION, 122b. DATE THERE	noitions co	HOW INJURY OCCURRED 20 Not while of work cemains described Accident	H BUT NOT I	related to the te	Port I or Port II form. 20f. (City etc.) psy , Ii ide , Ui L EXAMINER DICAL EXAMINER [of item 18.) or fown) nspection [ndetermined	(Coo	vnty) y	(Stote) (Stote) The SIGNED
Conditions, if gave rise to imm (o), storing the couse lost. PART II. O 200. EXTERNAL C. CAUSE OF DEATH 20c. TIME OF INJ Hour o. m p. m 21. I certify death resulte ACTUAL SIGNATURE EXAMINER'S NAME (Type) 220. BURIAL, CREMAT	any, which dedicts couse underlying DUE TO (C) THER SIGNIFICANT CONTRIBUTING DISTRIBUTING DISTR	noitions co	HOW INJURY OCCURRED AND IN	H BUT NOT I	nature of injury in F INJURY (Home, fired), office bldg., held an Auto C, Homic C, CHIEF MEDICAL ASSISTANT MEDICAL MATORY	Port I or Port II form. 20f. (City etc.) psy , Ii ide , Ui L EXAMINER DICAL EXAMINER [of item 18.) or fown) nspection indetermined	(Coo	onty) Ty , a 20, 1	(Stote) (Stote) The SIGNED

VS. A15ME(5) 5M 9/55

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hysician. s been signed by the attending physician and completely filled in Lythe funeral director, as been signed by the funeral director, although permit. Pages 1 and 2 should be filled with and in any event with 72 hours after death.
hysician. Is been signed by the otherding physician and campletely filled in Lypteen signed by the otherwise penace carbon papers. Pages 1 and 2 pend and in more event within 72 hours often death.
hysician. Leen signed by the attending physician and campletely filled Litransi permit. Then please remove carban papers. Pages 1 or and in any event within 72 Pours other death.
hysician. Speen signed by the attending physician and camplete been signed by the attending permit. Then please remove carban papers, and in any event within 72 hours after death.
hysician. Speen signed by the attending physician and thermsit permit. Then please remave carban call, and in any event with 72 hours offer at a feet at
hysician. 5 been signed by the attending physis 1-transit permit. Then please remayed, and in any event within 72 hours
bysician. Seen signed by the ottendir I-transit permit. Then please
hysician. s been signed by the 1-transit permit. The
hysician. s been signed by 1-transit permit, val. and in any
hysician. s been si I-transit

	MARY 13798				ENT OF HEALT		TIMORE, 1	8 Reg. D	ist. No	13	769
1. PLACE OF DEATH o. COUNTY Howard			MARYLA	IND	2. USUAL RESIDENCE (W o. STATE Maryland	here deceased	d lived. If institution b. COUNTY		nce befo	re odmis	sian)
b. CITY OR TOWN RURAL and give Ellicat			c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (IF		rate limits, write R	URAL and	give ne	arest taw	n)
d. NAME OF HOSPITAL (If not in haspitol, give street address) OR INSTITUTION Shaffers Rest Home				/ d. STREET ADDRESS Hunt	Ave					SIDENCE A FARM? NO M	
3. NAME OF DECEASED (Type or print)	MARY VIRG		Middle DE BOY		Last	4. DATE OF DEATH	Mar De cer	nber		959	
5. SEX	6. COLOR OR RACE	7. MARRI	DIVORCED	_	B. DATE OF BIRTH August 31,18	66	9. AGE (In years lost birthdoy) 93 yrs.	Months	Days	IF UND Haurs	ER 24 HRS Min.
13. FATHER'S NAME John 15. WAS DECEASED [Yes, no. or unknown] NO	S. Wann EVER IN U. S. ARMED FOR (If yes, give war or dates of	CCES? 16. S	ocial security no.		NFORMANT	Billi	Md ngsbey Add				
450.0	f any, which a immediate DUE TO	Can	chydias	Per les	puntary ones, go	far	luce	ng se		ERVAL BE	
CATIO	OTHER SIGNIFICANT CON	IDITIONS CO	ONTRIBUTING TO DEATH	H BUT	NOT RELATED TO THE TERM	AINAL DISEAS	E CONDITION GIV	VEN IN PA	RT 1(a) 1	PERFC YES	DRMED?
OR CONTRIBUTI	WAS UNDERLYING ING CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY OCC	URREI	D. (Enter nature of injury in	Port I or Por	t II of item 18.)				
20c. TIME OF IN	JURY Manth, Doy, Ye	or 20d. IN	JURY OCCURRED 20		ACE OF INJURY (Home, for		ar town)		(County)		(State

While at work Not while

DATE THEREO

(State)

1959 that I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at 7:30 HM, from the causes and an the date stated above. alive an_

ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)

OR CREMATORY

22d. LOCATION (City, lawn, or county)

Hickory, Harford Co.

22a. BURIAL, CREMATION, REMOVAL (Specify) Burial Burial 12-23-59
23. FUNERAL DIRECTOR'S SIGNATURE Mt. Tebles F.C. Higinbothom, Ellicott City, Md

24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATEDEC 2 8 '59

arthur S. Krays



VS A15 (4) 15M 9/58

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. 171. Photo: 7. 201 - 17.

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Tabor XXXXXX Tabor

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ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hau

VS A1S (4) 1SM 9/SB

ter death. Page 4

	TO 12:	,	CERTIFICA	ATE OF DEATH	1		Reg. Di	st. No.		
1. PLACE OF DEATH o. COUNTY	M Howard	-	MARYLAND	2. USUAL RESIDENCE (WHO a. STATE Maryland		lived. If institution b. COUNTY Ba.	an: Resider	nce before	e odmiss	ion)
b. CITY OR TOWN (RURAL and give n Ellicott		its, write	c, LENGTH OF STAY IN 16	e. CITY OR TOWN (IF o	outside carpora	ote limits, write R		give near	rest tawr	»ĵ
OR INSTITUTION	TAL (If not in hospital, s		oddress)	d. STREET ADDRESS	cake Ro	ad		e	ON A	FARM?
3. NAME OF DECEASED (Type or print)	FRANK	_	Middle DORSCH	Last	4. DATE OF DEATH	Decembe		29 Doy		Year 1959
5. SEX	6. COLOR OR RACE	7. MARI WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 10-16-1882	5	AGE (In years last birthday) yrs.	Months Months	Doys	Haurs	Min.
10a. USUAL OCCUPATION	rking life, even if refired	dane 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sinte	ar foreign cou	untry)		U.S.		OUNTR
	S Ch ER IN U. S. ARMED FOR (If yes, give war or dates of s	service)		Mrs. Dorothy	Unknow	Add		id		
18. CAUSE OF DE	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	use per li		. 0 .	へをらつ	and war		INTE	RVAL BE	TWEEN
Canditians, if a gave rise ta i cause (a), stating lying cause lost.	immediate DUE TO	1 2	Zerebrova Lui estere	sculet V	Aceid	ar bico	este ~	2 5	· ~	105
	- (4	IDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PAR	RT 1(a) 19	PERFO	AUTOPS RMED?
(IF EITHER, NOTIFY	AS UNDERLYING CONTROL CAUSE OF DEATH AMERICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Part I ar Part	II af item 18.)				
Y 20c. TIME OF INJUI Hour a.m. p. m.	RY Manth, Day, Ye	ar 20d. I While at wor	Nat while fa	ACE OF INJURY (Hame, farm clary, street, affice bldg., etc	n, 20f. (City	ar town)	(County)		(Stat
21. I certify the alive an	hat I attended the		sed from 1958		M, fram t	he causes on	d on the		stated	
ACTUAL SIGNATURE	1 V the	2/20			COMP		20	7	12-	30-
NAME (Type) 22a. BURIAL, CREMATIC REMOVAL (Specify		OF .	22c. NAME OF CEMETERY O	OR CREMATORY	22d. LOCATI	ON (City, town,		2	(Stat	e)
23. FUNERAL DIRECTOR	1-1-60	Lcott	St. Johns In ADDRESS City, Md	24a. REC'	D BY REGISTR		ner N STRAR'S SI	GNATUR		

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back constitutes 7.151

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Bright West to all and the second



a IS RESIDENCE

ON A FARM?

Year

1959

YES NO

IE UNDER 1 YEAR IE UNDER 24 HRS

Hours

Harwood Park

WAS AUTOPSY PERFORMED?

YES NO I

(State)

12 CITIZEN OF WHAT COUNTRY?

Days

USA

Rea. Dist. No.

Months

2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH a. COUNTY o. STATE b. COUNTY Howard MARYLAND Md. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) RURAL and give negrest tawn) Harwood Park Harwood Park d. NAME OF HOSPITAL (If not in baspital, give street address) d .STREET ADDRESS OR INSTITUTION Highland Ave 7000 Highland 4. DATE NAME OF Middle Last DECEASED DEATH (Type or print) Mary Ida Hood Dec. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years last birthday) WIDOWED [7 DIVORCED | 90 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 0. N. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Moore Unknows 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO Highland Ave . Howard Mr.Donald Hood. 7000 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY: DUE TO Canditians, if ony, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form 20f. (City or town) Doy factory, street, office bidg., etc.) WED o. m While Nat while

of work at wark

(County)

that I attended the deceased from alive an

accurred at 3

That I last saw the deceased M. fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED

ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)

220. BUR AL, CREMATION. 22b

22c. NAME OF CEMETERY OR CREMATORY

22d. MOCATION (City, town, or county)

Balte.Md

(State)

Burisi 23 FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

ADDRESS

Louden Park

24g. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

Edmondson

DATE DEC 21 '59

arthur & Kraus

may be retained FUNERAL DIR registror 0 VS A1S (4) 1SM 9/SB

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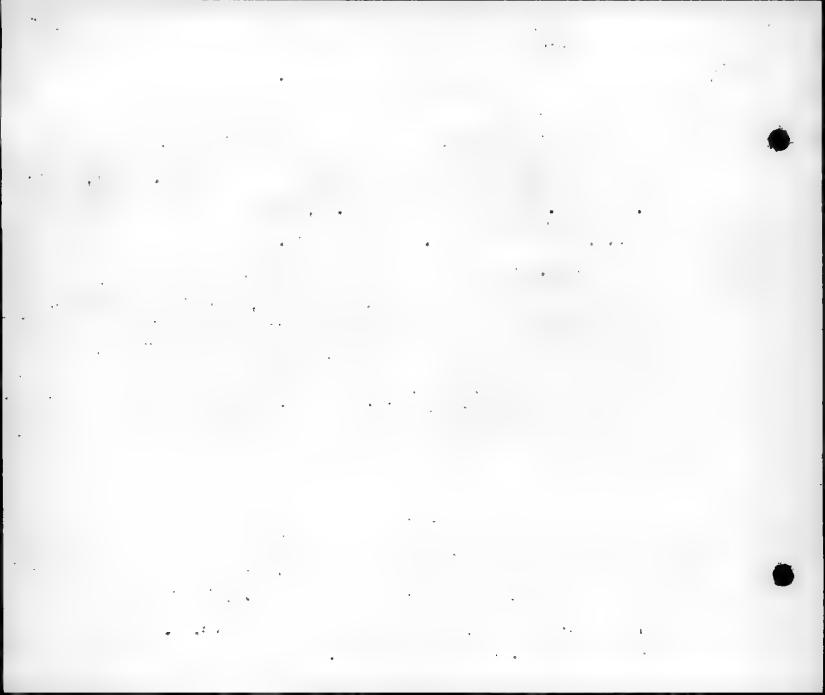
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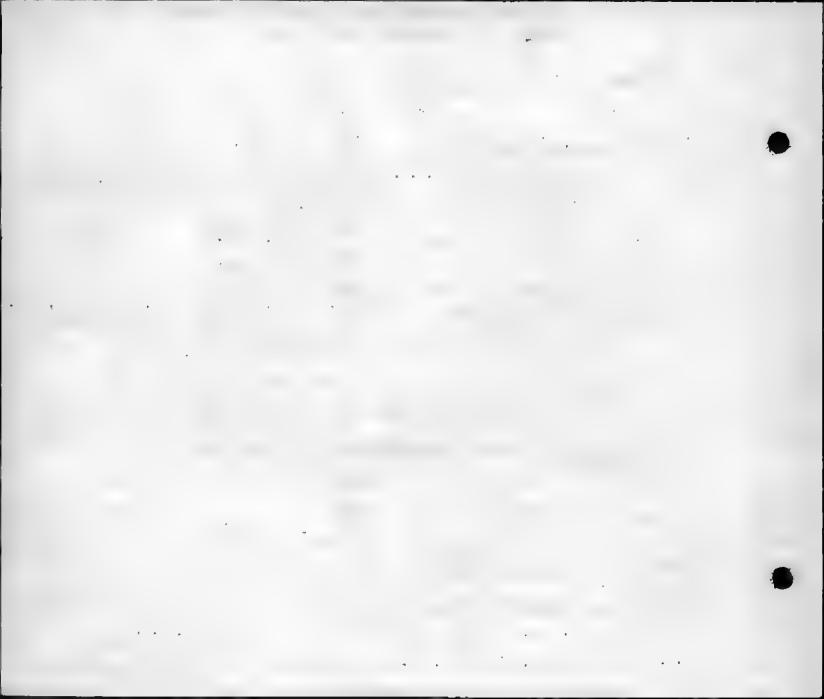
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	seen signed by the attending physician and comple	remove corbon popers. Poges 1 c	hours offe	
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	by the a	iit. Then	ny event	
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ling physi	te hos be	burioltre	removal.	
the hospitol or attending ph	s certifico	ed for use as the burial-transit permit. Then pleas	nation, or	
s hospitol	: After thi	ched for t	urial, cren	
ly the	TOR	hould be deto	ar prior to burial, cremotion, or removal, and in any event withir	
be reto	NERAL	1/7	egistrar p	
may b	10 FU	poge 3	the	

w/s

TO HOSHING OR ATTENDING PHYRICIAN: The Jam requires that the ducth certificate III exelluted within 24 haurs ofter death. IIIIe II

VS A15 (4) 15M 9/55

1. PLACE OF DEATH o. COUNTY			ENCE (Where decease		n: Residence before	e odmission)
Howard County	MARYLAND	o. STATE	ryland	b. COUNTY	Abylight of	Pri.Geo.
b. CITY OR TOWN (If outside corporate limits, wri RURAL and give negrest town)	e c. LENGTH OF STAY IN 16	c. CITY OR TO	OWN (If outside corp	orote limits, write RI	JRAL and give near	rest town)
Fulton (Rural)	2 years	F61+	ph / (/R/4/6/1/	West H	yattsvil	le 11 -2
d. NAME OF HOSPITAL (If not in hospital, give stood OR INSTITUTION		d STREET AC	DDRESS 3124	Lancer P	lace !	IS RESIDENCE
Simons Rest Home, Pindel	1 School Road	Simons/	Rest/ Home	1/Parndelly	poport the	TES NO IX
3 NAME OF First DECEASED (Type or print) ALICE	Middle (N.M.N.)	KELLE		Moni Decembe		
	MARRIED NEVER MARRIED	B. DATE OF BIRTH		- 000.000	IF UNDER TYEAR	17
Female White WID	OWED I DIVORCED	July 19t	h, 1885	9. AGE (In years lost birthdoy) 74 yrs.	Months Doys	Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	At home		eport, Cox		12. CITIZEN OF	WHAT COUNTRY?
13. FATHER'S NAME			MAIDEN NAME			
James Feeley	•	Marg	aret Good	lwin		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) 1 (If yes, give wor or dates of service)		NFORMANT		Addr		
No None	_Unknown Ja	ames E. F	eeley, 158	3 Maple St	.,Spring	field, Mass.
18. CAUSE OF DEATH [Enter only one couse p	er line for (a), (b), and (c).]		1		INTE	RVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	l'erebrours	cular	occuler	7	S S	EJ AND DEATH
DUE TO						7
Conditions, if ony, which } (b)						
gove rise to immediate Codse (a), stating the under-						
lying couse lost. (c)						
PART (I. OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEA	SE CONDITION GIV	EN IN PART 1(0) 19	PERFORMED?
3 // ephroscers	is a luten	ua				YES NO 🔀
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of	injury in Port I or Po	rt II of item 18)		
3 20c. TIME OF INJURY Month, Doy, Year 20	d. INJURY OCCURRED 20e. PL	ACE OF INJURY IH	lome, form, 20f. (Cit	y or town)	[County]	(Stote)
	hile Not while work at work	ctory, street, office	bidg., etc.)			
21. I certify that I attended the dec	eased from []ANCL	11, 19-5 2	to Dec.	195	that I last sa	w the deceased
alive on 1) RC 14 , 1	252, and that death	occurred at	2 7 Мм, fra			
	211/21	· ·	ADDRESS (Street, city or town,	slote)	DATE SIGNED
SIGNATURE Churces S	, whiteher	M.D				
PHYSICIAN'S CHARLES	S. WHITAK	ERM.	D CL	ARKSUIL	LEMD	12/5/59
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	R CREMATORY		TION (City, town, o		(Stote)
Burial Dec. 18th, 19	59 Mount Olivet	Cemetery	Wasl	nington, I).C.	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		24a. REC'D BY REGIS		TRAR'S SIGNATURI	
W.W.Chambers Company, F	iverdale, Md.		DATE DEC 21	29 0	2, 10,000	



Ifter death. Page 4 funeral director, hould be filled

> After this certificate hos been signed by the ottending physician and campletely filled in event within 72 hg permit. page 3 shauld be detached far use as the buriol-transit y the haspitol ar attending physician. remayal, the registror prior to burial, cremation, or CTOR may be reta

ATTENDING PHYSICIAN: The law equires that the death certificate be executed within 24 haurs

TO HOSPITAL

VS A15 (4) 15M 9/58

49.

1. PLACE OF DEATH o. COUNTY HO	oward		MARYLAI	11	USUAL RESIDE	NCE (Who	ere deceased live	d. If instituti b. COUNTY	on: Residence	-	mission)
b. CITY OR TOWN (III RURAL ond give no Doese		ils, write	c. LENGTH OF STAY IN	1b X	c. CITY OR TO		utside corporote l	ımits, write R	URAL and gi	ive nearest t	own)
d. NAME OF HOSPIT	Al (If not in hospital, s Linden		idress)	/	d. STREET AD	DRESS			4	10	RESIDENCE N A FARM?
						enno		naen_	AVCS		<u> </u>
3. NAME OF DECEASED (Type or print)	Charl		ABarrer	Lap	teal qC		4. DATE OF DEATH	Mon De	th ec. 28	B.	Yeor 19 59
5 SEX	6 COLOR OR RACE	7. MARRIE	D NEVER MARRIED	_ 1 _	alv 24	. 18	385 9. A	GE (In years st birthday) yrs.		YEAR IF UN Days Hou	rs Min.
	ON (Give kind of work ling life, even if retired	done 10b. KI	IND OF BUSINESS OR I		11. BIRTHPLA	CE (State o			12 CITIZ		T COUNTRY?
Retired 13. FATHER'S NAME		and the second	B&0	14	MOTHER'S N	AIDEN N	AME		1	USA	
Charl	les B. La	pp			Th	eodo	sia La	Barre	r		
15 WAS DECEASED EVER (Yes, no, or unknown)	R IN U. S. ARMED FOR		OCIAL SECURITY NO.	Char	MANT les M	Lap	p 31	Add Hunt		Rd.	#27
PART I. DEA 420. I Conditions, if or gove rise to it couse (o), stating lying cause lost.	the <u>under-</u>	All	pleters 1/			Van	NAL DISEASE CO	NDIT.ON GIV	/EN IN PART	0 15 TA	BETWEEN ND DEATH
PART II. OTH 200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	cronar	7 Th	unbos	٠.	- 1	95	6	. Jan. 19 1			REORMED?
	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	ZVO. DESCR	HBE HOW INJURY OCCI	UKKED. (Er	irer noture at	injury in r	arr i or rori ii di	tiem in-1			
20c. TIME OF INJUR Hour a. m, p m,	Y Month, Doy, Ye	While at work	Not while		OF INJURY (He street, office i			own)	(Co	ounty)	(State)
21. I certify the alive an Actual SIGNATURE PHYSICIAN'S NAME (Type)	at lattended the EX.27 Lanks Savaa	deceased , 1957	france and that de	eath acc	, 19,		M, fram the ADDRESS (Street,	causes an	d an the	date stat	deceased ted abave ATE SIGNED
220. BURIAL, CREMATIO REMOVAL (Specify) Burial	12-31	11	22c. NAME OF CEMETE Meadowrid		em.			ridge	Md.		itate)
23. FUNERAL DIRECTOR'S HOWARD I	s signature H. Hubbar	d 2	ADDRESS +107 Wilk	ens		ATE D	BY REGISTRAR	24b. REGI	STRAR'S SIĞI 7 , T.L., #		

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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FICATE OF DEATH

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		44					K	eg. Dist. No.	
1. PLACE OF DEATH o. COUNTY	HOMADD		MARYLAND	o. STATE			If institution:	Residence before a	lmission)
	HOWARD			+	Marylan	a		Howard	
b. CITY OR TOWN RURAL and give	(If outside corporate limit nearest town)	Is, write c. LENC	OTH OF STAY IN 16	c CITY OR	TOWN (If outside	de corporote lin	nits, write RURA	AL and give nearest	town)
E	LICCTT CITY		Menths	X	Simpson	ville,			
d. NAME OF HOSP OR INSTITUTION	'ITAL (If not in haspital, g	ive street address)		d. STREET	ADDRESS				RESIDENCE
Sh	affer's Con	valescent	t Home						\$ 🔲 NO 🗀
3 NAME OF DECEASED (Type or print)	PAFIE		Middle	MORK	Row 1	DATE OF DEATH	Dec.	Doy 15.	Yeor 19 <i>5</i> 5
5. SEX	6. COLOR OR RACE	7 MARRIED 1	NEVER MARRIED	8. DATE OF BIRT	TH	9. AG	E (in years IF	UNDER I YEAR IF L	
Female	White	WIDOWED	DIVORCED	Sept. 12,	1872	87	birthday) M	lanths Days Ho	ours Min
100. USUAL OCCUPAT	ION (Give kind of work of	done 10b. KIND O	BUSINESS OR INDI	STRY 11. BIRTHP	LACE (State or f	oreign country)		12 CITIZEN OF WH	AT COUNTR
House	orking life, even if retured) Vilo	Owns	Home	Ge	rmany			U.S.A	
13. FATHER'S NAME			34444		S MAIDEN NAM	E		0 40 412	
	Jacob Brau	ın		E	Lizabeth	Decke	r		
	ER IN U. S. ARMED FOR		SECURITY NO.	INFORMANT			Address		
(Yes, no. ar unknown) No	(If yes, give war or dates of se			ohn G. H	ieus & S	on	Newarl		
	EATH [Enter only one co	use per line for (o)	, (b), and (c).]	1 -1				INTERVA ONSET	L BETWEEN
PART I. DE	EATH WAS CAUSED BY- IMMEDIATE CAUSE (6)	, al	diac 1	tall	UZ			4	rda
120001	DUE TO	04	- 1	-	,	1	/	1	
Conditions, if	/ (D)	Cerle	unselero	tu Cou	din: Van	cala d	Lelen	- //) yee
gave rise to couse (a), stating	immediale Dus TO								0
lying couse lost		1							
Z PART II O	THER SIGNIFICANT CON	DITIONS CONTRIB	JTING TO DEATH BU	T NOT RELATED TO	O THE TERMINAL	DISEASE CON	DITION GIVEN	IN PART 1(o) 19 V	AS ALTOPS
5									ERFORMED? S 🚰 NO 🔽
■ LOR CONTRIBUTION	VAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE HO	OW INJURY OCCURR	ED. (Enter noture o	of injury in Part	1 or Port II of s	tem 18)		
\$ 20c. TIME OF INJU	JRY Manth, Day, Yea	or 20d. INJURY O		ACE OF INJURY		20f (City or tow	rn)	(County)	(Stat
ZOC. TIME OF INJU	10		MILLIA	ictory, street, affic	e bldg , etc.)				
		at work 🔲 at	2 21	174	5 17	2			
21. I certify	that I attended the	deceased fran		, 19_5/	7 to 14	-/>		at I last saw th	
alive on	4-17	, 19	, and that deat	h accurred a	122/1M,	fram the c	auses and	an the date st	ated abay
4.071441)//. 4	7 70	1 1		ADD	ORESS (Street ci	ty or town, sto	te}	DATE SIGN
SIGNATURE	Homaso	1 He	rveri,	M.D	46 Chu	rch Rd	•		.15.1
PHYSICIAN'S NAME (Type)	Thomas E	. Herbe	rt. W I	E	Ellicot	tt_City	y. Md.		~ ~ ~
220. BURIAL, CREMAT	ON, 22b. DATE THEREO		AME OF CEMETERY			LOCATION (ounty)	(Stole)
REMOVAL (Specif	Dec. 15.1	959 B	cookside C	emeters		Engel	rood. N	. Т.	
23. FUNERAL DIRECTO			DRESS	STICS HOLL A	24a. REC'D 8'			AR'S SIGNATURE	
William C	ook, Inc.	1217 St.	Paul Str	eat	DATE DEC	2 1 '59		1 0 11	
					963	<u> </u>	Cut	1 & Kings	

requires that the death certificate be executed within 24 hau physician ottending p Then please TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that may be retained by the haspital or attending physician.

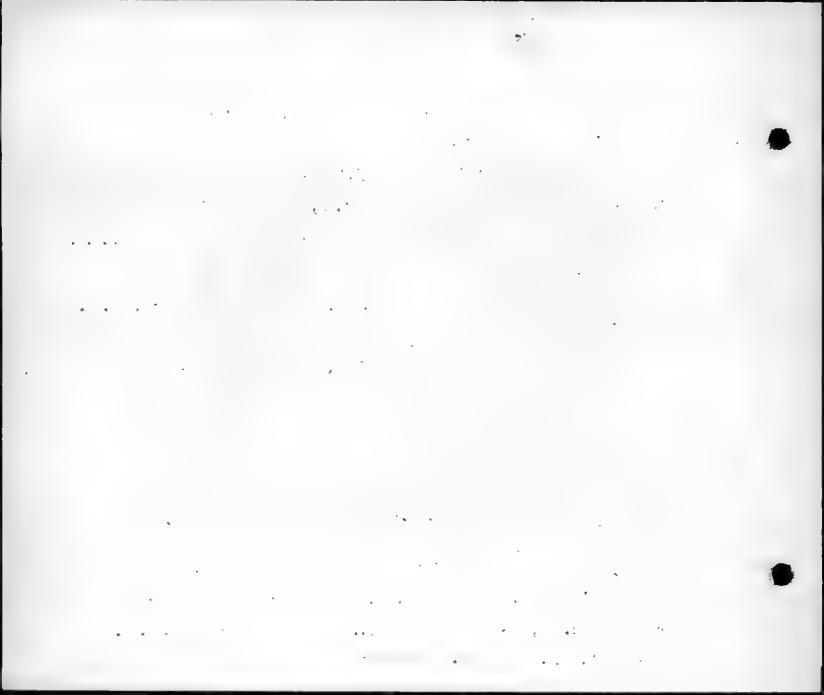
TO FUNERAL DIRECTOR: After this certificate has been signed by permit, as the burial-transit page 3 shauld be detached far use the registrar prior to burial, cremati VS A1S (4) 15M 9/S8

funeral director,

puo

completely filled in papers. Pages I and

ofter death. Page 4



page 0 VS A15 (4) 1SM 9/58

ACTUAL SIGNATURE PHYSICIAN'S B. Brumbaugh. NAME (Type) Bruce Street, Elkri 220 BURIAL CREMATION, 22b DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY Meadowridge Cemetery Elkridge. Marylane 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR aller S. Krays Howard H. Hubbard 4107 Wilkens Ave. DATREC 1 7 '59

. J.

VS. A15ME(5) 5M 9/55 H

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg.	Dist.	No.	

3777

	نواولو							Key. OII	11. 170.	
1. PLACE OF DEATH						Yhere deceas	ed lived. If inst		nce before	e admission)
Howar	d		MARYLAND	Maryland b. comward						
b. CITY OR TOWN (If outside corporate limits, writed	RURAL	c. LENGTH OF STAY IN 16	c. CITY OF	R TOWN (IF	outside corp	porate limits, wri	te RURAL and	give nec	rest town)
Jessups	***			X Jess	sups					
d. NAME OF HOSPI	TAL OR INSTITUTION	If not in he	spital, give street address)	/ d. STREET						. IS RESIDENCE
Box 132	Guilford R	bso		Box 13	32 G	illfor	d Road			ON A FARM?
3. NAME OF	Fi		Middle	Lee		4. DATE	Mo	ath.	Day	Year
(Type or print)	LOUIS	A.	SAPHAR			OF DEATH]	Dec.2,1		19
5. SEX	6. COLOR OR RACE	7. MARR	IED 🗍 NEVER MARRIED 🍱	8. DATE OF BIRTH	Н		9. AGE (In years lost birthday)	IF UNDER		UNDER 24 HRS.
Male	White	WIDOW	DIVORCED	. ISSE 18	B75		84 yr		Days H	lours Min.
10a. USUAL OCCUPAT	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR INDU	TRY 11. BIRTHPL	ACE (Stote	or foreign ç	ountry)	12. CITIZ	EN OF V	WHAT COUNTRY?
Taborer			None		nown.					
13. FATHER'S NAME			11.00.00	14. MOTHER'S		IAME		· · ·		
Un	known			1 1	Unkno	WILL				
15. WAS DECEASED EN	YER IN U. S. ARMED FO	RCES? 16	SOCIAL SECURITY NO. 117.	INFORMANT			Addre			
Yes, no, or enknown)	(If yes, give war or dates of	service)		randa Tal		*		••		
nknown				Maude Jol	INSON	, Jessu	DS . MG		1	
	ATH [Enter only one country WAS CAUSED BY:	use per line	_						ONSET A	L BETWEEN
1 (1) - 1	IMMEDIATE CAUSE (0		Coronary Thron	nbosis					Ins	tant
40.1	DUE TO			* -						
Conditions, if		Arte	riosclerotic '	Vascular	Dise	ase			170	VESTS
gove rise to imme										3
couse last.	(c								<u> </u>	
PART II. OT	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERM	NALDISEASI	CONDITION G	IVEN IN PART		
PART II, OT										PERFORMED?
20g. EXTERNAL CA	USE WAS _ 20	b. DESCRIE	BE HOW INJURY OCCURRED.	Enter nature of in	ijury in Port	t or Port II	of item 18.)			
CAUSE OF DEATH	NTRIBUTING									
20c. TIME OF INUL Heur a. m.	IRY Month, Day, Yes			ACE OF INJURY (or town)	{Cour	nty)	(State)
Hevr a.m.	19	While of w	le Not while ork at work	,,,	ologi, ele	'				
21. I certify t	hat I took charge	of the	remains described ab	ove, held an	Autops	y 🗍, Ir	spection K	l. Inquiry	v 100. o	and find that
death resulted	from: Natural	causes 1	, Accident , Su	icide 🔲 H	lomicide		ndetermined	-	Marin.	
				, ,		<u> </u>				
ACTUAL	4		Mountail	CHIFE A	AFDICAL EX	AMINER [A13-040100
SIGNATURE	mary	-	(Marin 1037-	M.U.		AL EXAMINE				
EXAMINER'S NAME (Type)	George E. Bu	rgtor	f			EXAMINER X	_	ec.2.19	959.	
220. BURIAL, CREMATIC	ON, 226. DATE THEREO		22c. NAME OF CEMETERY O	R CREMATORY		22d. LOCAT	ION (City, town	, or county)		(Stote)
REMOVAL (Specify Burial	12-5-5	9	Savage			Sa	vage , Md			
23. FUNERAL DIRECTO	S'S SIGNATURE		ADDRESS		24a. REG'J	REGIST		SISTRAR'S SIG	NATURE	
F.C. Higin	bothom, Elli	cott	City.Md		DATE	7 '59	a	uliung 1. 7	cause	
1.0011128711			-3 355		2715					



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) 1. PLACE OF DEATH Page files. Health, e. COUNTY b. COUNTY director. Page M Maryland Howard MARYLAND Howard c. CITY OR JOWN (If outs de corporete limits, write RURAL end give neerest town) b. CITY OR TOWN (if outs de corporate limits, e. LENGTH OF STAY IN 16 your b write RURAL and give nearest town) Elkridge Elkridge
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress d. STREET ADDRESS e. IS RESIDENCE Boar ON A FARM? retained he State B 3. NAME OF 2101 Church Ave. YES NO L 2101 Church death. 3 to the fur Year Middie Month OF DECEASED the the DEATH (Type or print) 1959 CHARLES THOMAS December with 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. 5EX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH age 5 may b 1 and 2 with 72 hours of 52 birthdey) Months Deys / Hours and Male WIDOWED T DIVORCED [Jan. 8 12. CITIZEN OF WHAT COUNTRY? 10e. LSUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. B RTHPLACE (State or foreign country) Page s 1 and done during most of working life, even if retired) , Virginia 18. Give Peges 1 h form PM3. Pag Long - Shoreman Norfolk pages 1 within 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME with form Thomas Senia Charles Thomas WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO.) 17. INFORMANT Address (hes, no, or unknwn) | (If yes give we ror detes of service) 2101 Church Ave. Elkridge ; Eunice Thomas 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN l-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive Heart Disease certificate should be Office DUE TO burial. Conditions, if eny, which geve rise to immediate cause ss 40 DUE TO (a), stating the underlying Examiner pesn PART II, OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1'a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? ld be NO X YES T 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert II or Pert II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. EXAMINER: writing Chief / Chief / age 3 s 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, form, 1 20f. (City or lown) Month, Day, Year (County) (State) 20c. TIME OF INJURY fectory, street, office bldg., etc.) While Not While the st et work et work 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection | | Inquiry | and in my opinion Öä forwarded i Ü Natural causes Accident Suicide Homicide | Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER the the slease execute the table should be forwed by FUNERAL DII ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Charles S. Petty DEPU. NAME (Type) Address (Street, city, town, or county) 226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL (Specify) Baltimore 28, Maryland 0 940 p Westview Memorial Burjal 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME DAREC 2 8 159 Chiller S. Krame Wm. A. Jackson Funeral Home 916 Penna. Ave. 5M 7/59



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THE C	V	1
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OIX

40SRITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 by the haspital or ottending physician.

**ECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, ge 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with a registrar prior to burial, cremation, or removal, and in any event within 72 hays—effet death.

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٧	S.	A 15	(4)	
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	7000	3	CLRIIIC	AIL OI L	LAITI			Reg. Dis	t. No.		
1. PLACE OF DEATH e. COUNTY	loward		MARYLAND	2. USUAL RESID	arylai		red. If institution b. COUNTY	nı Residenc	e befor	e odmis	sion)
RURAL and giv	N (If autside carporate time nearest town)	iits, write	c. LENGTH OF STAY IN 16	II.			timits, write Rt	_			n)
	licott City		l month			25, M	d.	3 V C		-	
d. NAME OF HO OR INSTITUTION	SPITAL (If not in hospital, on Taylor Ma			d. STREET A		ery St			1		FARM?
3. NAME OF DECEASED (Type or print)		st gene	Middle	los Webs te r	1	4. DATE OF DEATH	Mont		Day 14		Year 19 59
5. SEX			RIED NEVER MARRIED	B. DATE OF BIRTS	Н	9.	AGE (In years	IF UNDER	1 YEAR		***
Male	White	WIDOW		Nov 2			last birthday) 84 yrs.	Months	Days	Hours	Min,
10a. USUAL OCCUPY during most of v Fore	working life, even if retired		kind of Business or Indiavidson Chem,		ACE (State a		try)	12. CITI	ZEN OI	WHAT	COUNTRY
13. FATHER'S NAME				14. MOTHER'S	MAIDEN NA	ME				*************	
	Ros	scoe	-4-1		Laur	a Jones	3				-
15. WAS DECEASED (Yes, no. or unknown) NO	EVER IN U. S. ARMED FOI (If yes, give war or dotes of		SOCIAL SECURITY NO. 17.	INFORMANT	Fami	ly - Sa	ame Addr	ess	3		
18. CAUSE OF	DEATH [Enter only one c	quie per li	ne for (a), (b), and (c).]								TWEEN
PART I.	DEATH WAS CAUSED BY:		Myocardial f	ailure					ONSI	ET AND	hours
422.	IMMEDIATE CAUSE (0;			-						
	•										
	a immediate	b)							-		
couse (o), stati		An	teriosclerot	ic cardi	ovasc	ular d	isease		,	inkr	nown
			CONTRIBUTING TO DEATH BU					EN IN PART			
OH Char		4	ome with psy		THE PERMIT	INC DISCIPLE C	OTTO TO TO	PIA HATTAKI	.(0)	PERFC	DRMED?
E 200 ACCIDENT			CRIBE HOW INJURY OCCURR		fining in b	at Lor Port II	of item 18 t			152	NO 🗆
PART II. Chro	WAS UNDERLYING ING CAUSE OF DEATH	200. 023	CRIDE HOTT HOURT OCCURR	es. Liner nature a	rudor) in co	ar to turi it	- Han 10.j				
	18	tar 20d. I While al war	Nat while f	PLACE OF INJURY (bldg.; etc.)			·	county)		(State)
21. I certify	that I attended the	e deceas	ed from Nov 14	, 19 59	to De	c 14	19 59	that I !	ast sa	w the	deceased
alive an	Dec. 14	19	59_, and that deat	h accurred at	11 P	"M. fram t	he causes a	nd an th	e dat	e stote	ed above
		1					t, city ar town,				ATE SIGNED
ACTUAL	Teplus le	a h	la guess	M.D. Tayl	or Ma	nor Ho	spital		12	2/14	+/59
PHYSICIAN'S NAME (Type)	Stephen L	ee Ma	igness, M.D.,	Taylor M	lanor	Hospit	al, El	Licot	t C	ity,	Md.
220. BURIAL, CREMA REMOVAL (Spec		OF	Meadown				N (City, town, o	ir county)		(Stel	le)
23. FUNERAL DIRECT	TOR'S SIGNATURE		ADDRESS		240. REC'D	BY REGISTRAL		TRAR'S SIG			
26-03-77-	TOO E Ford	ATTO	811		DATEDEC	1 7 '59	C.A	Kun S.	Than	1	

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		Martin Carlotta

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to buriol, cremotion, or remayal, and in ony event within 72 haurs ofter death.

VS A15 (4) 15M 10/57 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
13809 CERTIFICATE OF DEATH

Rea. Dist. No.

13760

1. PLACE OF DEATH a. COUNTY HOWARD		MARYLAND	2. USUAL RESIDENCE (W. a. STATE Maryland	/here deceased lived, If institution b. COUN		ore admission)			
B. CITY OR TOWN (I RURAL and give no Simpsonv		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) X Simps onville						
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital, give stree	et oddress)	/d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO			
3. NAME OF E L (Type or print)	Len First	Middle Wi	lliamost	1 05	1,1959	lay Yeor			
S. SEX Female		RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	9. AGE (In year lost highlight)	Manths Days	R IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION during most of work At Home 13. FATHER'S NAME	DN (Give kind of work dane 10 ing life, even if retired)	b. KIND OF BUSINESS OR INDI	Howard C	o. Md	12. CITIZEN (OF WHAT COUNTRY			
			14. MOTHER'S MAIDEN	The state of the s					
Unkr	R IN U. S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17.	Unkn Informant		ddress				
(Yes, no. or unknown)	(If yes, give war or dates of service)	None Mr	s. Florence M	foore,Simpsonv	ille,Md				
Conditions, if or gave (isa to it cause (o), stating lying couse lost. PART II. OTT-	mmediate DUE TO	and Se Earls CONTRIBUTING TO DEATH BU	we cerel	rebrol Hemor	rhope	19. WAS AUTOPSY PERFORMED?			
20g. ACCIDENT WA	\$ UNDERLYING 206. DE CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I ar Part II of item 18.)		YES NO			
ZOc. TIME OF INJUR Hour o. m. p. m.	Whil		LACE OF INJURY (Home, for octory, street, office bldg., et	m, 20f. (City or town)	(County)	(Stole)			
ative an 12	at I attended the deced		h occurred at [15.10]	B.M. from the causes ADDRESS (Street, city or tow	and an the da				
PHYSICIAN'S NAME (Type) IL		ANDREI	MO. SOS	FL MARY	4AND	8.			
REMOVAL (Specify) RUTIAL 23. FUNERAL DIRECTOR:	12-4-1959	Locust Cha	pel	22d. LOCATION (City, town Simpsonvil	le,Md	(State)			
	thom Ellicott				GISTRAR'S SIGNATU				

MARKEN STATE DEVASTABLE (\$25.00) MEANTHOUT A TENTES CHECKE 100 E period to the same training of the the transfer near the set Contract of the Annual Contraction